MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 1 7

	iis cov int rep											rep	ort	pre	par	er.			SPI N	Y Y	ID R	2	0	Α	2	5	6
C	hoose	on	e:																								
	This													of	an	in	div	vid	ual	l M	[S 4	1.					
	Fill in Name	of M	<u>S4</u>	ES II		n up	per O	· ·	t ha	nd o		ner. E V		з Т	E	R											
OR																											
\bigcirc	○ This report is being submitted on behalf of a Single Entity (Per Part II.E of GP-0-10-002)																										
	Name	of Si	ngle	Ent	ity		The Park	Ì																		and a second	
OR						•																					
\circ	This	is' a	i jo	int	re	por	t b	ein	g si	ubr	nit	ted	lor	ı be	ha	lf (of a	a c	oal	itic	n.						
	Provi		•			-			_														if	nee	dec	i.	
	Name	of C	oalit	ion					,	_Y				- j:	· · · · · · · · · · · · · · · · · · ·		,		,					·	·		······································
								<u> </u>																			
																į.											
				Ī	1							Ť			İ		Ī										
	SPDES	S ID	·1	<u> </u>	<u> </u>	il			 [2	PDE	S II	\ `				Ļ	ļ	.t	SPI	DES	חו		1				. إ
	NY	Ť ·	2	0 .	A		T	1	ſ	1 X	71	7	0	A		1			N	Y	R	2	0	A			
	SPDES	٠	اينا					ل.	S	PDE		<u> </u>	.L	lL			J		SPI	DES	ID	<u> </u>	<u> </u>	<u> </u>	Ь		لبا
	NY	R	2	0 .	A		T	1	1	1 X	R	2	0	A	T	T	ŀ		N	Y	R	2	0	Α			
	SPDE	+		-		<u></u>		ل	-	PDE			- 	!						DES							LJ
	NY	R	2	0 2	A]	1	1 Y	R	2	0	А					N	Y	R	2	0	A			
	SPDES	SID	·	······································	1	·		_	S	PDE	S II)		·					SPI	DES	ID				·	·	·
	NA	R	2	0 2	A			-	1	1 X	R	2	0	A					N	Y	R	2	0	A			
	SPDES	SID			1	— <u>;</u>	·	_ ¬	S	PDE	SII			· — ;			_		SPI	DES	ID	1		1			
	NY	R	2	0 2	A				Ţ	1 Y	R	2	0	A					N	Y	R	2	0	Α			
	SPDES	1	· · · ·		· · ·			٦		PDE		-T	1							DES							
	NY	R	2	0 .	A				1	1 X	R	(2	0	A			1		N	Y	R	2	0	Α			

Cover Page 1 of 2

MCC form for period ending March 9, 2 0 1 7

Name of MS4 VILLAGE OF BREWSTER	SPDES ID N Y R 2 0 A 2 5 6													
Each MS4 must submit an MCC form. Section 1 - MCC Identification Page														
Section 1 - MCC Identification Page														
Indicate whether this MCC form is being submitted to certify endorsement ● An Annual Report for a single MS4 ○ A Single Entity (Per Part II.E of GP-0-10-002)	or acceptance of:													
O A Joint Report Joint reports may be submitted by permittees with legally bi If Joint Report, enter coalition name:	nding agreements.													

MCC form for period ending March 9, 2 0 1 7

and the second s	SPDES ID	
Name of MS4 VILLAGE OF BREWSTER	N Y R 2 0 A 2 5	6
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for *each* of the following positions as indicated below:

- 1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
- 2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
- 3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
- 4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
- 5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- Principal Executive Officer/Chief Elected Official
- O Duly Authorized Representative
- O Local Stormwater Public Contact
- O Stormwater Management Program (SWMP) Coordinator
- O Report Preparer

First Name		MI Last Name
JAMES	3	J S C H O E N I G
Title		
M A Y O R		
Address		
5 0 M A	A I N S T R E E T	
City		State Zip
BREWS	STER	N Y 1 0 5 0 9 -
eMail		
eMail JSCHC		ERVILLAGE-NY.GOV
	DENIGEBREWST	E R V I L L A G E - N Y . G O V .

MCC form for period ending March 9, 2 0 1 7

			SPI	DES	ID						
Name of MS4 VILI	LAGE OF BREWSTER		N	Y	R	2	0	Α	2	5	6

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> of the following positions as indicated below:

- 1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
- 2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
- 3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
- 4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
- 5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- O Principal Executive Officer/Chief Elected Official
- O Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- O Report Preparer

Firs	t Na	ame														ΜI		Las	t N	ame												
D	Α	N	I	E	L													C	R	A	W	F	0	R	D							
Titl	e											-										_										
S	U	Р	Т	•.		0	F		Р	บ	В	L	I	C		M	0	R	K	S												
Add	lres	S																														
5	0	sel.	M	Α	I	N		S	Т	R	E	Ε	H																			
- 1						,				••••••				_								•										
City	/																			S	tate		Zip)								
City B	R	Ē	W	S	Т	E	R													Ī		Y	Zip 1	0	5	0	9					
$\overline{}$	R	Ē	W	S	Т	Е	R													Ī		7		Τ	5	0	9]				
В	R	E	W	s w	T	E 0	R	D	@	В	R	E	W	S	т	E	R	V	I	Ī		Y]		Τ	5	0	9 Y		G	0	v	
В	R ail C						L	D	@	В	R	E	W	S	Т	Ε		V Cou		L	.1 .	Y	1	0					G	0	v	

MCC form for period ending March 9, $\begin{vmatrix} 2 & 0 & 1 \end{vmatrix}$ 7

	SPDES ID
Name of MS4 VILLAGE OF BREWSTER	N Y R 2 0 A 2 5 6

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> of the following positions as indicated below:

- 1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
- 2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
- 3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
- 4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
- 5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- O Principal Executive Officer/Chief Elected Official
- O Duly Authorized Representative
- O Local Stormwater Public Contact
- O Stormwater Management Program (SWMP) Coordinator
- Report Preparer

Firs	t Na	Vame														MI	_	Las	t Na	ame										,	
J																Ε		F	0	L	С	Н	E	Т	Т	I					
Titl	е																														
Р	R	0	F	Ξ	s	S	I	0	N	Α	L		E	N	G	I	N	Ε	Ε	R											
Ado	ires	S																											 		
3	1		s	0	D	0	M		R	0	Α	D																			
City	γ .												,,		,	*,				S	tate		Zip								
В	R	H	W	S	Т	E	R													1	7 7	Z	1	0	5	0	9	_			
еMа	ail																														
i	0	h	n		f	0	٦	С	h	e	t	t	i	@	H	r	f	а		С	0	m									
1	U	11	,	•		J		_	11	-					اليا			и	. •		_									ļ	
Pho		11	-11	<u> </u>				_	11						ر ا	<u> </u>	<u> </u>	Cou									L				

MCC form for period ending March 9, 2 0 1 7

Name of	f M	S4 [VIL	LAG	E OF	BR	EWS	TER		222									2.5			N		R	2	0	A	2	5	6
Section Did your period?								_			to o	com	ple	te s	om	e or	· all	per	mit	rec	quir	em	ents	du	ring		is re			g No
If Yes, c	om	plei	te in	nfo	rma	atio	n b	elo	w.																	•	10	5	Ų	NO
Subn		-								art	ner	. In	for	ma	tior	ı pı	ovi	ideo	l in	otl	her	for	ma	ts v	vill	no	t be	;		
accer																											he			
coali If No, pr																eet	tor	eac	h N	AS ²	4 in	th	e co	oali	tior	1.				
•					1101	1 7	- C	CILI	110	auc	шс	iai	CIII	ont.																
	artner/CoalitionName E A S T O F H U D S O N W A T E R S H E D																													
	E A S T O F H U D S O N W A T E R S H E D SPDES Partner ID - If applicable																													
C O R	1	0		A	T	ľΙ	О	N	ļ			<u> </u>	<u> </u>	Π	<u> </u>	Γ		1		[ī	SPI N	1			0 (II)	<u> 11</u>	app	lica	ble
Address	<u> </u>	1		<u> </u>		1_		1.	<u> </u>	<u> </u>	<u></u>	l	Ļ	ļ.,	- T- T-	<u> </u>	<u> </u>			<u> </u>		TA	-	10	4	<u> </u>			1	
2 R	О	U	Т	E	l	1	6	4					1			<u> </u>										П				
City	<u> </u>		<u> </u>		l	<u> </u>		ļ								I		St	ate	ا,ا	Zip					<u></u> l	1			
PAT	Т	E	R	S	0	N												N	\neg	7 1	1	2	5	6	3	-				
eMail																												1		
k e v	i	n	@	е	0	h	w	С	٠	0	r	g																		
Phone		٦.				1					1						I.e	oall	v R	indi	no A	Vore	eme	ent i	n ac	con	dano	ce.		
(84	5)	3	1	9	-	6	3	4	9								th G									Ye		0	No
What tas	ks/i	resp	on	sib	iliti	ies .	are	sha	rec	l w	ith	this	s pa	ırtn	er ((e.g	. M	IM:	1 S	cho	ol :	Pro	gra	ms	or	Μυ	ıltiŗ	ole '	Tas	ks)?
O MM1														,			<u> </u>												<u></u>	
					-	<u></u>					·		 			I	!							·						_
O MM2	_							<u> </u>						<u>_</u>						<u></u>					L	أستا	Ш			
О ММ3																														
O MM4														<u> </u>		<u> </u>														
• MM5	P	0	S	Т		С	0	N	S	T	R	Ū	С	Т	I	0	N		М	Α	I	N	Т	E	N	Α	N	С	E	
○ ММ6						L					L	-	ļ <u>. </u>			L	L	!! [L:		<u> </u>			!						'.
:	L	اا				<u> </u>	L						<u> </u>			<u> </u>	<u> </u>	<u></u>			<u> </u>		<u></u>	<u> </u>	<u> </u>					
Addition				-																										
Watewate															ien	t Pi	rac	tice	s re	equ	ire	d fo	r N	1S 4	ls ii	ı in	пра	ire	1	
Operation	ns	and	m	aint	tena	anc	e fo	or s	tor	mw	ate	r re	etro	fits	lo	cate	ed v	with	nin	the	Vi	llas	ge l	imi	ts.					
	_																													

MCC form for period ending March 9, 2 0 1 7

	And the second s		SPDES ID	2.
Name of MS	YALL FOR OR DULLIONED	•	N Y R 2 0 A 2 5 6]

Section 4 - Certification Statement

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

First Name	MI Last Name
JAMES	J SCHOENIG
Title (Clearly print title of individual signing report)	
MAYOR	
Signature	The second state of the se
Page 1 and I de la company of the co	Date
	reta i de
./	

Send completed form and any attachments to the DEC Central Office at:

MS4 Permit Coordinator Division of Water 4th Floor 625 Broadway Albany, New York 12233-3505

This report is being submitted for the reporting period ending March 9, 2 0 1 7

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of N	of MS4/Coalition VILLAGE OF BREWSTER Water Quality Trends															•	SPI N	DES Y	ID R	2	0	A	2	5	6				
									Ĭ	<u>Va</u>	tei	· Q	ua	lit	yΊ	re	nd	<u>s</u>											
The infor	mati	on i	n th	is se	ectio	n is	be	ing	rep	orte	ed (che	ck (one)	, :														
On bel	nalf o	of an	ino coa	divid lition	ual 1	MS	4																						
relat One	How many MS4s are contributed to this report? 1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure One. O Yes O Yes Report(s) attached to the annual report															No													
								enor	†																				
Web P		s) w	here	e rep	ort(s) is	s/ar	e pi	rovi					re 1	repo	ort(s) (an	be	aco	ess	sed	- n	ot :	hon	ne p	oago	e,	
	URL																												
																			1	-									
												-																	
# 18 19 19 19 19 19 19 19 19 19 19 19 19 19	URL					ic un						s							1										
						<u> </u>																						ļ	
										,																			
	URL				77	-				,	······													1					
				_		<u> </u>																			<u> </u>				
																							1		1_				
					To Accommodate to	Ī																							
	URL						ļ,	ļ ·	· —				1	rani			· ·		_	-		,		7	1	,			
			_ _			_					<u></u>			<u> </u>	-							_	L		_	<u> </u>			
																							L						
			T	T																									

This report is being submitted for the reporting period ending March 9, 2 0 1 7

Name of MS4/Coalition VILLAGE OF BREWSTER	SPDES ID N Y R 2 0 A 2 5 6
Minimum Control Measure 1. Public Ed	ucation and Outreach
The information in this section is being reported (check one): On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report?	
1. Targeted Public Education and Outreach Best Manageme	ent Practices
Check all topics that were included in Education and Outreach d	uring this reporting period:
O Construction Sites	Pesticide and Fertilizer Application
● General Stormwater Management Information	Pet Waste Management
● Household Hazardous Waste Disposal	• Recycling
● Illicit Discharge Detection and Elimination	O Riparian Corridor Protection/Restoration
● Infrastructure Maintenance	■ Trash Management
○ Smart Growth	● Vehicle Washing
O Storm Drain Marking	● Water Conservation
O Green Infrastructure/Better Site Design/Low Impact Development	● Wetland Protection
• Other:	O None
P H O S P H O R U S Other	
2. Specific audiences targeted during this reporting period:	
● Public Employees ○ Contractors	
● Residential ○ Developers	
● Businesses ● General Public	
● Restaurants ○ Industries	
Other: OAgricultural	<u> </u>
Other	

This report is being submitted for the reporting period ending March 9, 2 0 1 7 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name	of N	IS 4/	/Coa	ıliti	oń	/ILL	AGE	OF	BRE	EWS	ΓER									· ·			N	Y	R	2	0	A	2	5	6
3. V	Wha his														e to	a a c	chie	eve	edi	uca	tio	n a	nd	out	rea	ach	go	als	du	rin	g
O Co	nstr	ucti	on	Site	e O _l	pera	itors	s Tı	ain	ed													#	Tr:	aine	ed					
• Di	rect	Ma	ilin	gs																			#	Mai	iling	gs					4
O Ki	osks	or	Oth	er i	Dis	play	/S																# I	Loca	ation	18					
O Lis	st-Se	rve	S																					# I:	n Li	st					
• Ma	ailing	g L	ist																					# I1	n Li	st			4	O	0
O Ne	wsp	ape	r A	ds (or A	Artio	eles																# I	Days	s Rı	ın					
• Pu	blic	Ev	ents	/Pr	ese	ntat	ions	8															# 4	Atte	es				6	0	
	hool	Pro	ogra	ım																			# /	Atte	nde	es					
\circ TV	Sp(ot/P	rog	ran	1																		# I	Days	s Rı	ın					
• Pri		,																			To	tal	# D	istri	bute	ed		1	6	0	0
	Loca	tion I	s (e L	1	ibra A	res, G	town E	n of		, kic	sks) L) <u>.</u>		-	-	_															
	v	I	L	=	A	G	E		P	U	В	L	I	c		w'	0	R	K	s											
	Ħ						<u>-</u> _			1																					
	П																	1													
O Otl	her:			! 	!	4				1	1				···!		•														
	Ш																														
● We		age			ovid ede		peci	ific	we	b a	ddre	esse	:s -	not	hor	ne j	pag	e. (Con	tinı	ie o	n n	ext	pag	e if	ado	ditic	onal	l sp	ace	is
W	W	W		В	R	Е	W	s	Т	E	R	v	I	L	L	A	G	E	-	N	Y	٠	G	0	ý	/					
W	A	Ť	E	R		s	E	W	E	R		&		s	0	L	I	D		W	Α	S	Т	E	/	M	S	4			
		ļ								L																					
UR	<u>L</u>	1	<u> </u>	1	1	7		 -	т	T	γ	1	т	1		Т	T	T)	·									r		
-	-	<u> </u>	1		<u> </u>	<u> </u>		-	_	<u> </u>	<u> </u>	_		_			-		<u> </u>			-									
-	1	<u></u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>				<u> </u>			<u> </u>	<u> </u>	_			<u> </u>	L												
			<u>L</u> .	_	<u>L</u>	<u>L</u>	<u> </u>					<u>L</u>	<u> </u>	_	<u></u>				_	<u></u>											L

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 & 1 \end{bmatrix}$

Name of MS4/Coalition	VILLAGE OF BREWSTER	TT	SPDES ID N Y R 2	0 A 2 5 6
4. Evaluating Prog	gress Toward Measural	ble Goals MCM 1		
identified in your Sto	ort on your progress and ormwater Management F tional pages as needed.			
A. Briefly summar	ize the Measurable Goa	al identified in the S	SWMPP in this repor	ting period.
IDDE training and g	good housekeeping meas	ures.		1
B. Briefly summar Goal.	ize the observations tha	at indicated the ove	erall effectiveness of th	is Measurable
Documentation of tr not present on site d	raining and updated good luring inspections.	d housekeeping prac	tices; Non-stormwater	discharges
		Latin man and the state of the	-	
C. How many time	s was this observation	measured or evalua	ated in this reporting	
			(ex.: s	amples/participants/event
D. Has your MS4 n	nade progress toward t	this Measurable Go		ng period?
E. Is your MS4 on	schedule to meet the de	eadline set forth in	the SWMPP?	● Yes ○ No • Yes ○ No
•	ize the stormwater acti ng cycle (including an i	_	_	ICM during
	ntinue its current practice will re-address its policie			
		<u> </u>		

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 & 1 \end{bmatrix}$ 7

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

Name of MS4/Coalition VILLAGE OF BREWSTER						N	Y	R	2	0	A	2	5	6
Minimum Control Measure 2.	Public I	1V(oly	em	en	t/P	ar	<u>tic</u>	ipa	<u>atic</u>	<u>)n</u>			
The information in this section is being reported (check	one):													
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this re 	eport?													
1. What opportunities were provided for public development, evaluation and improvement of (SWMP) Plan during this reporting period?	f the Stor	mw	ate	r N	/Iai	nag	em	tati ent	ion t Pı	, rogi	ran	n		
• Cleanup Events							# E	ven	its					2
O Comments on SWMP Received						# C	omi	men	its					
Community Hotlines	Phone#	(8	4	5)	2	7	9	_	3	6	1	8
Phone # ()	Phone#	()				_				
Phone # ()	Phone#	()				_				
Phone # ()	Phone#	()				_				
Phone # ()	Phone#	(-)				-				
Phone # ()	Phone#	()				_				
Community Meetings	•	•				# 1	Atte	nde	es				4	0
O Plantings							S	lq. F	₹t.				j	
O Storm Drain Markings							# D	raii	ns					
O Stakeholder Meetings						# /	Atte	nde	es	П				
O Volunteer Monitoring							#E	ven	its					
Other:								,						
2. Was public notice of availability of this annu Program (SWMP) Plan provided?	al report	anc	l St	orı	mw	ate	er N	/Iai	nag		ent Ye		0.	No
○ List-Serve							# I:	n Li	st					
O Newspaper Advertising						#]) Day:	s Ru	ın					
○ TV/Radio Notices	198					#1	Day:	s Ri	in				Ï	
Other:														

Web Page URL: Enter URL(s) on the following two pages.
 MCM 2 Page 1 of 6

This report is being submitted for the reporting period ending March 9, 2 0 1 7 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Nar	ne c	of MS4/Coalition VILLAGE OF BREWSTER													N	Y	R	2	0	Α	2	5	6									
2.	UI Pl	eas	(s) e p	cor rov	ı't.: ⁄ide	e sp	eci	fic	ad	dre	ss(es)	wb	ere	e no	otic	e(s) ca	ın l	oe a	acc	esso	ed -	- n(ot h	om	ie p	ag	e.			
	W	W	W	•	В	R	E	W	s	Т	E	R	V	I	L	L	A	G	Ε	-	N	Y	•	G	0	V	1	Ι	М	A	G	E
,	S	/	s	Т	0	R	I	E	s	/	Ρ	D	F	s	/	M	S	4	/	2	0	1	7		M	S	4					
1	A	N	N	U	A	L		R	Ε	P	0	R	Т		Р	D	F															
	URL	,				γ			riana			·										,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										·
					<u></u>																											
										:		<u> </u>													_						<u></u>	
	URI			Γ	1		<u></u>	ı				· ·	1944-1						-													
																									20.0						<u> </u>	
																												-				-
-									l							السبية.									<u>_</u>							<u> </u>
1	URI		_	i			<u> </u>	ř—	<u></u>			i																			r	T
																100														\vdash	<u> </u>	\vdash
																,			-										-		-	H
				L					1,																				1		<u></u>	لسلا
	URL							<u> </u>				<u> </u>		<u> </u>											<u> </u>		<u> </u>					
								<u> </u>																	<u> </u>	<u> </u>						\vdash
,						1																							<u> </u>			
(URL			L		L	<u> </u>		L		L	L	L						استديا			L			ļ			L	L		<u></u>	!
İ																																
	URL																								· · · ·							1
, 1								<u> </u>																				<u> </u>			_	
					-	<u> </u>		<u> </u>																					<u> </u>		<u> </u>	
- 1				1				į .	I '	1		1		l						l		l	I	I	l	l	l	l	ı	1 /	ŧ	1

This report is being submitted for the reporting period ending March 9, 2 0 1 7

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID

Name	of M	S4/	′Coa	ıliti	nc	/ILL	AGE	OF	BRE	wsi	ΓER												N	Y	R	2	0	A	2	5	6
3. V	Vhe rog																							Ma	ına	ge1	ner	ıt			
	nter																													d	
w ● MS	het						nay	be	sul	omi	itte	d at	th	at lo	oca								_	_							
₩ IVIS	Dep				1111												, Ai	nnu	al F	cepo	ort		SV	(V]V	PF	lan			on	ımeı	nts
	V	Ι	L	L	A	G	E		Ç	L	Ε	R	K	/	V	I	L	Ъ	Α	G	Е		D	Р	W						
	5	0	<u>s</u>	М	A	I	N		s	T	R	E	E	Т											П			П			
	City B	R	E	W	s	Т	E	R											4 .	Y	1	Zip 1	0	5	Ö	و	[
	Pho	ne	<u></u>			ļ	L		l		L	!						Ŀ			ł			-3_1	27.54		L				
	(8	4	5)	2	7	9	-	3	7	6	0																		
O Lib	rary Add	Ires	S													C) A	nnu	al F	Rep	ort	C	SV	VМ	IP F	Plan	1	00	Con	me	nts
																			:												
	City	,																Γ		٦		Zip 					_[
	Pho	ne		L		<u></u> .					L							L			Į						_ [ŀ	
	()				-																						
• Oth	()				-								Aı	nnu	al F	Rep	ort) SI	WN.	IP F	Plan		• (Con	nme	nts
• Oth	er Add	res	S)				-								A	nnu	al F	₹ep	ort) S\	WM.	IP F	Plan		• (Con	nme	nts
• Oth	er Add	res	S	s	0	D	0	М	-	R	0	А	D				A	nnu	al F	Rep			SV	WM.	IP F	Plan		• (Con	nme	nts
• Oth	er Add 3	res	s E	S) o s	D	O E	M	.22	R	0	Α	D				A			₹ Y		Zip	0	W M	IP F	Plan	_[Con	nme	nts
• Oth	er Add 3	ires 1 R	E	W	L	Т	Е	R									A					Zip					- [Con	nme	nts
• Oth	er Add 3 City	res 1			L		L;			R 1	0	A 6	D 0				A)					Zip					- [Con	nme	mts
• Oth	er Add 3 City B Pho	R ne 8	E 4	₩ .5	L	Т	Е	R												Y		Zip 1		5	0	9	- [nme	
• Oth	er Add 3 City B Pho	R ne 8	E 4	₩ .5	L	Т	Е	R	- S					I	L				7 .	Y		Zip 1	0	5	0	9	- [
• Oth	er Add 3 City B Pho	R ne 8	E 4 UR	₩ .5) B	3	E 6	R 3	L	1 T	5 E	6	0	I) A	nnu G	al I	Y Rep	ort N	Zip	0	5 WM G	0 P F	9 Plan	- [00			
• Oth	er Addd 3 City B Phon ([W] W]	R ne 8	E 4 UR W T	W 5 L:	S) B R	3 R	E 6 S	R 3	W	1 T E	5 E R	6 R	0 V &		S	L	A A L	nnu G	n I	Y Rep	ort N W	Zip 1	0 SV	5 WM G	0 IP I	9	- [/ M	O (Con		
OthWel	er Add 3 City B Phoo Pa W W Ple	R ne 8	E 4 UR W T	W 5 L:	S) B R	3 R	E 6 S	R 3	W	1 T E	5 E R	6 R	0 V &		S	L	A A L	nnu G	n I	Y Rep	ort N W	Zip 1	0 SV	5 WM G	0 IP I	9	- [/ M M Dags	S e.	Con	nme	nts
• Oth	er Addd 3 City B Phoo Pa W Ple ail	R ne 8 A ase	E 4 UR W T	W 5 L: E	B R de	T 3	E 6 S ciff	R 3	W	1 T E	5 E R	6 R	0 V & ge v	whe	s	L O	A A L ort	nnu G I	al I E D	Rep.	ort N W	Zip 1	0 SV	5 WM G T ot	0 IP I	9 Plant V / / me j	- [/ M M Dags	S e.	Con	nme	nts
OthWel	er Addd 3 City B Phoo Pa W Ple ail	R ne 8 A ase	E 4 UR W T	W 5 L: E	S) B R	T 3	E 6 S	R 3	W	1 T E	5 E R	6 R	0 V &		s	L	A A L ort	nnu G	al I E D	Rep.	ort N W	Zip 1	0 SV	5 WM G T ot	0 IP I	9 Plant V / / me j	- [/ M M Dags	S e.	Con	nme	nts

This report is being submitted for the reporting period ending March 9, 2 0 1 7

SPL	DES ID				
N	YR	2	0 A	2 5	6
as it po	sted?				
0 4	/ 0	6	/ 2	0 1	7
				3	0
i joint re	eport,	ansv	ver 5.b		
period?		 1	O Yes	•	No
	<i> </i>		<i>/</i>		
			O Yes		No
ributin	g to t	his r	eport	duri	ing
			O Yes		No No
			O Yes		No No
			O Yes		No
	as it per out of the period?	as it posted? 0 4 / 0 joint report, period?	N Y R 2 as it posted? 0 4 / 0 6 joint report, answeriod?	as it posted? 0 4 / 0 6 / 2 joint report, answer 5.b o Yes o Yes	N Y R 2 0 A 2 5 as it posted? 0 4 / 0 6 / 2 0 1 joint report, answer 5.b oeriod? Yes Yes Yes Yes Yes

This report is being submitted for the reporting period ending March 9, 2 0 1 7

The state of the s	SPDES ID
Name of MS4/Coalition VILLAGE OF BREWSTER	N Y R 2 0 A 2 5 6
7. Evaluating Progress Toward Measurable Goals MCM 2	
Use this page to report on your progress and project plans toward achieving identified in your Stormwater Management Program Plan (SWMPP), inclu III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the SWMPP i	n this reporting period.
The Village DPW schedules Bulk Pick Up Days and Hazardous Waste pic businesses. An Earth Day Clean Up is held annually. The Village website numbers for spills, illicit discharges and sewer plant odors as well as anythordinary that would effect water quality in the Village.	e posts emergency phone
B. Briefly summarize the observations that indicated the overall effect Goal.	tiveness of this Measurable
The policies currently in place continue to keep people involved in Village	e stormwater activities.
C. How many times was this observation measured or evaluated in this	is reporting period?
D. Has your MSA made progress toward this measurable goal drains	(ex.: samples/participants/events
D. Has your MS4 made progress toward this measurable goal during	• Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in the SWM	IPP? ● Yes ○ No
F. Briefly summarize the stormwater activities planned to meet the go the next reporting cycle (including an implementation schedule).	
The Village is in full compliance with MCM 2 and will continue its practinecessary.	ces and adapt them as

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 7$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition VILLAGE OF BREWSTER	SPDES ID N Y R 2 0 2 5 6
Minimum Control Measure 3. 1	Ilicit Discharge Detection and Elimination
The information in this section is being reported (check one):
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to the 	nis report?
1. Enter the number and approx. percent	of outfalls mapped: 6 1 # 1 0 0 %
2. How many of these outfalls have been so reporting period (outfall reconnaissance	e inventory)?
3.a. What types of generating sites/sewershe reporting period?	ds were targeted for inspection during this
O Auto Recyclers	O Landscaping (Irrigation)
● Building Maintenance	O Marinas
○ Churches	O Metal Plateing Operations
O Commercial Carwashes	Outdoor Fluid Storage
 Commercial Laundry/Dry Cleaners 	O Parking Lot Maintenance
O Construction Vehicle Washouts	O Printing
O Cross-Connections	O Residential Carwashing
O Distribution Centers	• Restaurants
O Food Processing Facilities	O Schools and Universities
O Garbage Truck Washouts	O Septic Maintenance
O Hospitals	O Swimming Pools
O Improper RV Waste Disposal	O Vehicle Fueling
O Industrial Process Water	O Vehicle Maint./Repair Shops
Other:	○ None
• Sewersheds: TONETTA/WELLS	/EAST BRANCH

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 7$. If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition VILLAGE OF BREWSTER	SPDES ID N Y R	2 0 A 2 5 6
	المنطنيطين	·
	been found during this reporting period	1?
O Broken Lines From Sanitary Sewer	O Industrial Connections	
O Cross Connections	O Inflow/Infiltration	
O Failing Septic Systems	O Pump Station Failure	
O Floor Drains Connected To Storm Sewers	O Sanitary Sewer Overflows	
O Illegal Dumping	O Straight Pipe Sewer Discharges	
Other:	None	
reporting period?	al illegal connections have been detected of	0
6. How many illicit discharges/illegal coperiod?7. Has the storm sewershed mapping b	onnections have been eliminated during een completed in this reporting period?	this reporting O Yes • No
If No, approximately what percent was 8. Is the above information available in		0 & ● Yes ○ No
Is this information available on the value of the value o	web?	○ Yes • No
Please provide specific address of page URL	where map(s) can be accessed - not home	page.
URL		

This report is being submitted for the reporting period ending March 9, 2 0 1 7

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

					_															- 1			SPI	DES	ID	,			-j		
lame o	of N	184/	'Coa	liti	on_\	/ILL	AGE	OF	BRE	WS7	ER												N	Y	R	2	0	A	2	5	6
																				= 1						.,					
8. U											_												_			_					
		se j	pro	Vid	le s	pec	cific	ac	idr	ess	of	pa	ge	wh	ere	m	ap(s) (an	be	aco	cess	sed	- n	ot i	hor	ne	pag	zе		
URI	Ť	[1	Τ	1	T	1	Ī	T-		į –	T	<u> </u>	T	Τ	T	T	1	Τ	T	Ť	T	Ì		Γ		Γ	Τ	П		_
L	<u> </u>	<u> </u>	<u> </u>	Ļ	느	<u> </u>	<u> </u>	<u> </u>	<u>L</u>	<u> </u>	<u> </u>		L		<u> </u>		<u> </u>	<u> </u>	<u> </u>		_	1	<u> </u>		<u> </u>		<u> </u>	<u> </u>		_	
	<u> </u>							L						L		_							ļ			ļ		_			
																															1
URI		::L		-li		.1	1	·1:	il	i———	4		. !	-li	-l	1	4	1		1	ل	.i	<u> </u>	L	1			<u> </u>	J	النسند	
	Ť	T	T	Ť	Τ	Г	Ī	Γ	Τ	Ī	<u> </u>		Γ	I	Π		T	Π	T		Τ			Γ		İ	T			-	
	H	+-	╁	1	 	十	 	<u> </u>	$\frac{1}{1}$	<u> </u>	⊨	1	┢	 _	\vdash	<u> </u>	+	<u> </u>	+	<u> </u>	 	十	<u> </u>	<u> </u>	<u> </u>	_	 -	\vdash	님	-	_
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		<u> </u>		<u></u>	1	<u> </u>	ļ		-	<u> </u>	1_	<u> </u>	<u></u>	<u> </u>	_	<u> </u>		<u></u>	<u> </u>	<u></u>	<u> </u>	lacksquare	_	_
	<u> </u>			<u>L</u>				<u>L</u>					<u> </u>			_												<u> </u>			
URI	-	,				.,	· v							1.					.,			·				-					
		Ī	Ī	T	Î		1				ľ	Ī	Ī	T		T	Ì	Ī	1	Ť	Ī	Ì	Ī	Ī					П		
	I T	<u> </u>	+	<u> </u>	I.	<u> </u>	 	<u> </u>	H	!	<u> </u>		<u> </u>	 	1	 	+	<u> </u>		$\frac{1}{1}$	1	\vdash			<u> </u>	-	<u> </u>	\vdash	늗	_	=
1		<u></u>	<u></u>	L	<u> </u>				1				<u> </u>	4	_		1	<u> </u>		<u> </u>	_		<u> </u>	<u></u>	<u> </u>	<u> </u>		L			
URI	i.	7	T-	T	-	1	T -	1	_	Γ	Ι	1	T	1	ı	-	T	т	1	T	T	1		7		ı—	Г	T			1
<u> </u>		_	<u> </u>	<u>Ļ</u>	<u> </u>		<u> </u>						<u></u>	ļ	<u> </u>	<u> </u>		<u> </u>			<u></u>	<u>_</u>		L		<u> </u>					_
				Π	1		Ī		T	Γ		T	Γ				Ī	Γ	T			T		Γ							
URI	ļ	ــــــــــــــــــــــــــــــــــــــ	1		!			ļ	.1	J	I	-	.L	ļ,	<u></u>	ــــان	<u>- </u> -	.1		!	<u> </u>		ł	L	<u>!</u>	٠		1	<u> </u>		!
OKI	Ĺ		Π		ſ	Τ	Π	Π	Γ	Π		İ	Ι	ľ	Т	T	I	Ť	Τ		T		[Γ	Γ		Γ			
-	-		\vdash		 	1	<u> </u>		<u>_</u>		<u> </u>	+	 	-	<u>1</u>	+	+	<u> </u>	<u> </u>	<u> </u>	<u> </u> 	\vdash	<u> </u>	<u> </u>	<u> </u>	<u> </u>	一		\vdash	_	\dashv
-	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	_		<u> </u>	<u> </u>	ļ.,	_	<u> </u>	_		<u> </u>	-	<u> </u>	<u> </u>	<u> </u>	<u> </u>	-	ļ F		<u> </u>	_	<u> </u>	L	<u> </u>		
				ļ										J						<u></u>											
9. H	as	an	ID	DE	la [•]	w ł	eei	n a	don	ted	l fo	r e	acl	ı tr	adi	itio	nal	M	S4	an	d/o	r h	ave		DI	Ξp	roc	edi	ure!	s be	en
				_													ing											Y			No
10. If															tin	g to	o th	is 1	rep	ort	ce	rtif	ied								
ec	Įui	val	ent	to	th	e N	(YS	M	lode	ei i	IJĽ	Æ.	La	w?										•	• }	es .	(O N	0	0]	NT
11 **	/1L- ·	.4 -			4 - 4	د ـ ۲	_ cc	.	1 -				:4: -			.a .	. ۔۔۔ ا	4	 -		1. -) TT		T	•	2	_0	
11. W	n n a	ıτp	erc	en	τ 01	Sta	4II	ın l	rele	va	nt j	pos	itlC	ns	an	u d	iepa	art	mei	uts	na	s re	cei	vec	1 11	JU.	L D	raii	ainş	_	٦.
																												L	丄	0	ુ ક્ર

This report is being submitted for the reporting period ending March 9, 2 0 1 7

Name of MS4/Coalition VILLAGE OF BREWSTER	SPDES ID N Y R 2 0 2 5 6
12. Evaluating Progress Toward Measurable Goals MCM 3	
Use this page to report on your progress and project plans toward aclidentified in your Stormwater Management Program Plan (SWMPP) III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the SW	MPP in this reporting period.
The Village DPW and Village Engineer field verify outfalls for illic needs.	it discharges and maintenance
B. Briefly summarize the observations that indicated the overall Goal.	effectiveness of this Measurable
Documentation of outfall inspections.	
	!
C. How many times was this observation measured or evaluated	in this reporting period?
D. Has your MS4 made progress toward this measurable goal d	ex.: samples/participants/even uring this reporting period?
E. Is your MS4 on schedule to meet the deadline set forth in the	● Yes ○ No
E. 18 your 19154 on schedule to meet the deadline set forth in the	• Yes O No
F. Briefly summarize the stormwater activities planned to meet the next reporting cycle (including an implementation schedu	_
The Village will continue to inspect, report and repair any sources of basis or as needed.	of illicit discharges on a routine

This report is being submitted for the reporting period ending March 9, 2 0 1 7

- First District Of the Control of t	SPDES ID
Name of MS4/Coalition VILLAGE OF BREWSTER	N Y R 2 0 A 2 5 6
Minimum Control Measures of Construction Site and Post-Construction	
The information in this section is being reported (check one):	
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? 	
1a. Has each MS4 contributing to this report adopted a law, or	5 •
mechanism that provides equivalent protection to the NYS Stormwater Discharges from Construction Activities?	SPDES General Permit for • Yes • No
1b. Has each Town, City and/or Village contributing to this re equivalent to a NYSDEC Sample Local Law for Stormwat Sediment Control through either an attorney cerfification Analysis Workbook?	er Management and Erosion and
If Yes, Towns, Cities and Villages provide date of equivalent	•
	○ 09/2004 ● 03/2006 ○ NT
2. Does your MS4/Coalition have a SWPPP review procedure	e in place? • Yes O No
3. How many Construction Stormwater Pollution Prevention reviewed in this reporting period?	Plans (SWPPPs) have been
4. Does your MS4/Coalition have a mechanism for receipt an comments related to construction SWPPPs?	d consideration of public ● Yes ○ No ○ NT
If Yes, how many public comments were received during this	reporting period?
5. Does your MS4/Coalition provide education and training f	for contractors about the local

6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:

O Notices of Violation	#		0	O No Authority
O Stop Work Orders	#		0	O No Authority
O Criminal Actions	#		0	O No Authority
O Termination of Contracts	#		0	O No Authority
O Administrative Fines	#		0	O No Authority
O Civil Penalties	#		0	O No Authority
Administrative Orders	#		0	O No Authority
O Enforcement Actions or Sanctions	#		0	
Other	#			O No Authority

This report is being submitted for the reporting period ending March 9, 2 0 1 7

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition VILLAGE OF BREWSTER	SPDES ID N Y R 2 0 A 2 5 6
Minimum Control Measure 4. Con	nstruction Site Stormwater Runoff Control
The information in this section is being reported (cl	neck one):
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this 	s report?
1. How many construction projects have been during this reporting period?	en authorized for disturbances of one acre or more
2. How many construction projects disturbing this reporting period?	ng at least one acre were active in your jurisdiction
3. What percent of active construction sites	were inspected during this reporting period? ONT
4. What percent of active construction sites	were inspected more than once? NT %
5. Do all inspectors working on behalf of th Construction Stormwater Inspection Ma	e MS4s contributing to this report use the NYS anual? • Yes • No • NT
6. Does your MS4/Coalition provide public (SWPPPs) of construction projects that a	access to Stormwater Pollution Prevention Plans are subject to MS4 review and approval? • Yes • No • NT
If your MS4 is Non-Traditional, are SWI public review?	PPPs of construction projects made available for O Yes O No
If Yes, use the following page to identify lo	cation(s) where SWPPPs can be accessed.

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 7$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

Name of MS4/Coalition VILLAGE OF BREWSTER	N Y R 2 0 A 2 5 6
6. con't.:	
Submit additional pages as needed.	
MS4/Coalition Office Department	
V I L L A G E C L E R K	
Address	
50 MAIN STREET	
City	Zip
BREWSTER	
Phone	
(8 4 5) 2 7 9 - 3 7 6 0	
○ Library	
Address	
City	Zip
]
Phone	
()	
• Other	
Address	
3 1 S O D O M R O A D	
City	Zip
BREWSTER	1 0 5 0 9 -
Phone	
(8 4 5) 3 6 3 - 1 5 6 0	
O Web Page URL(s): Please provide specific address where SWPPP	s can be accessed - not home page.
URL	
URL .	

This report is being submitted for the reporting period ending March 9, 2 0 1 7

	SPDES ID
Name of MS4/Coalition VILLAGE OF BREWSTER	N Y R 2 0 A 2 5 6
7. Evaluating Progress Toward Measurable Goals MCM 4	
Use this page to report on your progress and project plans toward a identified in your Stormwater Management Program Plan (SWMP III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
Regulatory reviews, sanctions and effectiveness of measures to corequirements	ontrol construction site runoff
B. Briefly summarize the observations that indicated the overa	all effectiveness of this Measurable
During the reporting period, there was no construction activity in	the Village.
C. How many times was this observation measured or evaluat	
D. Has your MS4 made progress toward this measurable goal	(ex.: samples/participants/e during this reporting period?
	● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in the	ne SWMPP? ● Yes ○ No
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche	et the goals of this MCM during
The Village will continue to evaluate the construction compliance construction site inspections and will revise as needed.	e strategies developed for

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 & 1 & 7 \end{bmatrix}$

Name of MS4/Coalition	N VILLAGE OF BREV	VSTER	- <u> </u>	NY	R 2 0 A 2 5 6
Minimum	Control Mea	sure 5. Post	-Construction	on Stormwater	· Management
The information in the	his section is beir	ng reported (che	ck one):		
On behalf of an inOn behalf of a coaHow n		ributed to this	report?		
1. How many and MS4/Coalition i				nnagement practice eporting period?	es has your
		# Inventoried	# Inspections	# Times Maintained	
O Alternative Practic	ces				
O Filter Systems					
O Infiltration Basins					
Open Channels					
O Ponds					
O Wetlands					
Other			2	0	
2. Do you use an BMPs, inspect			abase, spreads	heet) to track po	ost-construction ○ Yes • N
3. What types of Development/I		-		•	Impact
O Building Codes	O Municipal C	omprehensive F	Plans		
Overlay Districts	Open Space	Preservation Pr	ogram		
Zoning	O Local Law o	r Ordinance			
○ None	Land Use R	egulation/Zonin	g		
Watershed Plans	Other Comp	rehensive Plan			
Other:				1	

This report is being submitted for the reporting period ending March 9, 2 0 1 7

	The second secon	DE.	DES	עגי	-1					
Nar	me of MS4/Coalition VILLAGE OF BREWSTER	N	Y	R	2	0	Α	2	5	6
4a.	. Are the MS4s contributing to this report involved in a regional/waters	hed v	wid	e pl	ann	_				No
4b	o. Does the MS4 have a banking and credit system for stormwater mana	geme	nt j	pra	ctic				_	N T.
						U	Y 6	es		No
4c.	2. Do the SWMP Plans for each MS4 contributing to this report include and approval of banking and credit of alternative siting of a stormwater.	_								
	and approvar or banking and credit of atternative string of a stormwar	Ç1 III	ана	gen	nen	_	Ye			No
4d	l. How many stormwater management practices have been implemented			_		Ō	Ye	es		
4d				_		Ō	Ye	es		
4d.	I. How many stormwater management practices have been implemented reporting period?	l as p	art olen	of i	this tati	sys [on :	Ye	es n in	th:	

This report is being submitted for the reporting period ending March 9, 2 0 1 7

Name of MS4/Coalition	VILLAGE OF BREWSTER		N Y R 2	0 A 2 5 6
6. Evaluating Pro	gress Toward Measurable	e Goals MCM 5		
identified in your St	oort on your progress and protormwater Management Protonal pages as needed.			
A. Briefly summar	rize the Measurable Goal	identified in the S	WMPP in this report	ing period.
Inventory of post co	onstruction practices (type,	location, maintena	nce); protection of nat	ural resources
B. Briefly summar Goal.	rize the observations that	indicated the over	rall effectiveness of th	is Measurable
	nd Tonetta Brook Tributary cimum extent practicable.	retrofits were mai	ntained and inspected.	Retrofits are
C. How many time	es was this observation me	easured or evalua	ted in this reporting p	period?
				4
D. Has your MS4 r	made progress toward thi	is measurable goa		amples/participants/event. g period? • Yes • No
E. Is your MS4 on	schedule to meet the dead	dline set forth in t	the SWMPP?	• V ON-
	rize the stormwater activing cycle (including an im			● Yes ○ No [CM during
The Village will correvise them as need	ntinue to evaluate its inspe led.	ction strategies for	post construction prac-	tices and will

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 7$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition VILLAGE OF BREWSTER	SPDES ID N Y R 2 0 A 2 5 6
Minimum Control Measure 6. Stormwater Manageme	nt for Municipal Operations
The information in this section is being reported (check one):	
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? 	

1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.

Self-Assessment Operation/Activity/Facility performed within the past 3 **Operation/Activity/Facility** Addressed in SWMP? years? Street Maintenance..... • Yes ○ No • Yes Bridge Maintenance..... O Yes ONo O Yes ONo ○ No • Yes Winter Road Maintenance..... • Yes O No Salt Storage..... O Yes ONo O Yes ONo Solid Waste Management..... • Yes ○ No • Yes O No New Municipal Construction and Land Disturbance.. • Yes ○ No • Yes O No ○ No • Yes O No Right of Way Maintenance..... • Yes O No O Yes Marine Operations..... O Yes ONo ○ No • Yes Hydrologic Habitat Modification..... • Yes O No ONo OYes ONo Parks and Open Space.... O Yes Municipal Building.....

Yes ○ No • Yes O No ○ No • Yes Stormwater System Maintenance..... • Yes ○ No Yes Vehicle and Fleet Maintenance..... • Yes O No ○ No ○ Yes O No Other..... O Yes

This report is being submitted for the reporting period ending March 9, 2 0 1 7

	SPDES ID		
Name of MS4/Coalition VILLAGE OF BREWSTER	NYR2	0 A 2	5 6
2. Provide the following information about municipal operations	good housekeep	ing prog	rams:
• Parking Lots Swept (Number of acres X Number of times swept)	# Acres		3
• Streets Swept (Number of miles X Number of times swept)	# Miles		7
 Catch Basins Inspected and Cleaned Where Necessary 	#		7 9
O Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#		
Phosphorus Applied In Chemical Fertilizer	# Lbs.		0
Nitrogen Applied In Chemical Fertilizer	# Lbs.		0
 Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number times applied to the nearest tenth.) 	# Acres er of		0.0
3. How many stormwater management trainings have been provided during this reporting period?	ded to municipa	al employ	ees 1
4. What was the date of the last training?	0 4 / 1 6	/ 2 0	1 6
5. How many municipal employees have been trained in this repo	rting period?		3
6. What percent of municipal employees in relevant positions and stormwater management training?	departments r	eceive	0 %

This report is being submitted for the reporting period ending March 9, 2 0 1 7

			SPDES ID
Name of MS4/Coalition	N VILLAGE OF BREWSTER		N Y R 2 0 A 2 5 6
7. Evaluating Pro	ogress Toward Measurable Go	oals MCM 6	
identified in your S	port on your progress and project or your program and program and pages as needed.		
A. Briefly summa	rize the Measurable Goal iden	ntified in the SWMPl	P in this reporting period.
Catch basin cleaning	ng, inspection and maintenance;	street sweeping and	waste removal
D. D. I. A.			
Goal.	rize the observations that indi	cated the overall effor	ectiveness of this Measurable
	rded that 5,585 pounds of garba m streets and catch basins was re		
C. How many tim	nes was this observation measu	red or evaluated in t	this reporting period?
			(ex.: samples/participants/event
D. Has your MS4	made progress toward this me	easurable goal durin	
TO Townson BASA			● Yes ○ No
E. Is your MIS4 or	n schedule to meet the deadlin	e set forth in the Sw	WIPP? ● Yes ○ No
	rize the stormwater activities ting cycle (including an imple		goals of this MCM during
	nues to revise and implement the tants from waste, maintenance a		ractices to reduce the

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 7$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition VILLAGE	OF BREWSTER		SPDES ID N Y R 2 0 A 2 5 6
Additional Water	rshed Improvemen	it Strategy Best Ma	nagement Practices
The information in this section On behalf of an individual N On behalf of a coalition		c one):	
MS4s must answer the que		s indicated in the table	
MS4 Description NYC EOH Watershed	Answer	Check NA	(POC)
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12 2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed			
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay Traditional Land Use	1470 40 10 11 12	2256808	Pathagana
Traditional Non-Land Use	1,4,7a-d,9,10,11,12 1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b 2,3,5,6,8a,8b	Pathogens Pathogens
Non-Traditional	1,4,7a-d,9,10,71,12	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary		-	The second second
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed	1465 18 0 0	000000000000000000000000000000000000000	
Traditional Land Use Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12 2,3,5,8b,10,11,12	Phosphorus Phosphorus
LI 27 Embayments	1,7,0,74 4,04,7	2,5,5,09,10,11,12	1400414
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8 <u>a</u> ,8 <u>b</u>	Pathogens
Non-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens
1. Does your MS4/Coaliti phosphorus/nitrogen/p	athogens on waterboo	lies?	● Yes ○ No ○ N/A
2. Has 100% of the MS4/6 If N/A, go to question 3.	-	system been mapped i	in GIS? ● Yes ○ No ○ N/A
If No, estimate what perc	·	•	apped so far.
Estimate what percentag	e was mapped in this re	eporting period.	%

This report is being submitted for the reporting period ending March 9, 2 0 1 7

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	AWA AGD OF PROPERTY	SPDES ID		ا جا جا
Na	ne of MS4/Coalition VILLAGE OF BREWSTER	N Y R 2	0 A 2	5 6
3.	Does your MS4/Coalition have a Stormwater Conveyance and Maintenance Plan Program?	System (infrastructu ○ Yes	re) Insp ● No	ection
4.	Estimate the percentage of on-site wastewater treatment sy and maintained or rehabilitated as necessary in this report		i inspec	ted %
5.	Has your MS4/Coalition developed a program that provide NYSDEC SPDES General Permit for Stormwater Discharge (GP-0-08-001) to reduce pollutants in stormwater runoff for disturb five thousand square feet or more?	ges from Construction	n Activ	ities
6.	Has your MS4/Coalition developed a program to address prunoff from new development and redevelopment projects equal to one acre that provides equivalent protection to the Permit for Stormwater Discharges from Construction Actithe New York State Stormwater Design Manual Enhanced Standards?	that disturb greater NYS DEC SPDES (vities (GP-0-08-001),	than or General includi	•
7a.	Does your MS4/Coalition have a retrofitting program to rephosphorus/nitrogen/pathogen loading?	educe erosion or • Yes	• No	O N/A
7b	How many projects have been sited in this reporting period	d?		0
7c.	What percent of the projects included in 7b have been com	pleted in this report	ing peri	od?
7d	What percent of projects planned in previous years have b	een completed?	1 (0 0 %
		○ No	Projects	Planned
8a	Has your MS4/Coalition developed and implemented a tur procedures policy that addresses proper fertilizer applications?			O N/A
8b	Has your MS4/Coalition developed and implemented a turprocedures policy that addresses proper disposal of grass of municipally owned lands?			O N/A

This report is being submitted for the reporting period ending March 9, 2 0 1 7

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition VILLAGE OF BREWSTER	SPDES ID N Y R 2	0 A 2	2 5 6			
9. Has your MS4/Coalition developed and implemented a program of native planting? ○ Yes ○ No ● N/A						
10. Has your MS4/Coalition enacted a local law prohibiting pet waste prohibiting goose feeding?	on municipa	l prope				
11. Does your MS4/Coalition have a pet waste bag program?	○ Yes	○ No	● N/A			
12. Does your MS4/Coalition have a program to manage goose populations?	○ Yes	• No	O N/A			